

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/18/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799-CP (4 units) on date of service 05/30/02.

II. FINDINGS

The respondent denied payment based on "N-Not appropriately documented".

III. RATIONALE

The Rehab Daily Notes and the Individual Psychological Pain Management Session notes for the date of service in dispute support documentation criteria per the 1996 Medical Fee Guideline Medicine Ground Rule II (G). Reimbursement in the amount of \$700.00 (\$175.00 x 4 units) is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$700.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$700.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc